

	APOLLO HOSPITALS, SECUNDERABAD		AAC – 10
			Issue: C
	POLICY ON CONTINUUM OF CARE		Date: 06-01-2017
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PREPARED BY: Dy.Medical Superintendent		APPROVED BY: Chief Executive Officer	

### 1.0 Purpose:

- To assure that the patient's needs are met with the appropriate level and type of medical, health, or social services.
- To assure that the patient's healthcare needs are not interrupted when a patient is transferred or discharged.

### 2.0 Scope:

All the patients at Apollo Hospitals, Secunderabad.

### 3.0 Responsibilities:

Hospital Administrator, all doctors and nurses.

### 4.0 Policy:

4.1. Goals and objectives include, but are not limited to the following:

- Ensure continuity of care.
- Reduce the rate of re-admissions.
- Ensure appropriate utilization of hospital resources.
- Avoid inappropriate levels of care.
- Reduce hospital length of stay.

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## 5.0 Procedure:

5.1. The leadership of Apollo Hospitals, Secunderabad, plans and provides the necessary resources for the care of patients entering into the system. The development of patient programs and strategic planning is an ongoing process driven by community and regional needs and available resources. Access to the facility, admission, and patient transfer are defined by the hospital policy.

5.2. Patient entry into the system begins with the assessment of the patient by the physician. Based on this assessment, a patient care plan is developed.

5.3 The medical plan of care includes the decision regarding the dispensation of the patient, which may include one or a combination of the following:

- a. Treatment and discharge with follow-up care scheduled in an appropriate outpatient clinic(s).
- b. Consultation to a medical service.
- c. Admission to an inpatient unit.
- d. Referral to another agency to provide services.
- e. Consultation to hospital based service, i.e., Rehabilitation
- f. Treatment and discharge with no further action needed.

5.4. If Apollo Hospitals, Secunderabad, has the necessary resources available and is deemed the appropriate setting for meeting the needs of the patient, then accordingly services are provided.

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- Qualified Medical personnel (Residents Doctor, Registrar, DMO and or Nurse) are responsible for the care of patients during all phases of care.
- Casualty Medical Officer, DMO, and Nurse are available round the clock.
- Wards - DMO and Nurse are available 24 hours.
- Critical Care Units: Intensivist and Nurses are available round the clock.
- Treating Doctor and / or his / her Team Members as and when necessary.
- RMO'S are to make rounds and monitor all areas of patient care.
- Care of Patient's is coordinated among medical staff, paramedical staff and general administration staff of different departments of the Hospital. Ex: - Patient transfer from OPD to ward, ward to OT, CCU to ward, Casualty to CCU etc.
- Effective communication on patient care to be ensured by the respective staff involved in patient care through the following means:
  - Information is exchanged with concerned staff either by person or over phone during each shift, between shifts and during transfers between units/ departments. The same is documented in patient case sheet.
  - Knowing patient condition and treatment plan through patient case sheet to collect necessary information to ensure continuity of care.
  - Any delay or problem in communication to be reported to immediate supervisor / in-charge / HOD (or) concerned doctor to prevent re-occurrence of such instance.
  - The persons involved in patient care, treating doctor or his / her team members, nurse, dietician, physiotherapy etc are to discuss about patient care, response to treatment, unusual developments (if any) etc. This is to

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be done either through personnel interaction or telephonic interaction or through patient case sheet as appropriate.

- Information is exchanged among staffs, who are involved in patient care through personnel interaction, doctor's notes by treating doctor, transfer notes by doctors, nurse's notes, handing over and taking over notes by nurses and other notes by dietician / physiotherapist.
- The access to patient medical records is available to the following authorized personnel in order to facilitate the exchange of information on Patient care
  - Treating Doctor or his / her Team Member
  - RMO
  - DMO
  - Nurse
  - Dietician
  - Physiotherapist
  - Nursing Administrator / Nursing In-charge
- Referral Of Patients

Patients requiring care not available through Apollo Hospitals, Secunderabad shall be appropriately referred to a facility which can provide the required care.

- Treating Doctor or his / her team member to assess and identify the requirement of referring a patient to other specialties or department or other hospital. If

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decided, based on requirement the treating doctor to write the same in patient case sheet specifying the ‘Requirement’ and ‘Priority’.

- The ‘Requirements’ are to be specified as follows:

- For opinion
- For co-management
- To take over
- Others(if any)

- The ‘Priorities’ are to be specified as follows:

- If the referral requirement is urgent, then the treating doctor to specify the same in patient case sheet. “Consultant writes name of the doctor to whom the case is to be referred. In case of urgent the consultant to write “URGENT”. If not urgent, only the referral consultant name to written.”

**Time Limits**

**For Immediate**

- within 30 mins

For Urgent


- within 2 Hours

Routine

- within 24 Hours

- Treating Doctor/ Nurse to inform the concerned person to whom referral has been made and to follow up to ensure the concerned person has addressed the referral requirement of patient care, as appropriate.
- The doctor to whom the case is referred to write his findings in brief and advise and put date and time of his visit to patient.

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5.5. Prior to discharge, the patients’ nurse, ward secretary and physician collaborate to ensure an appropriate plan is developed and implemented to provide for continuity of the patient’s care.

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